

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>106 93536</i>	FILING DATE				
							APPLICANT(S)					
CLAIMS							*	*	*			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
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<b>TOTAL IND.</b>				2								
<b>TOTAL DEP.</b>				27								
<b>TOTAL CLAIMS</b>				29								